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Advance and Retreat: Tobacco Control Policy in the U.S. Military

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Abstract

This archival study explored why military tobacco control initiatives have thus far largely failed to meet their goals. We analyzed more than 5,000 previously undisclosed internal tobacco industry documents made public via an online database and additional documents obtained from the U.S. military. In four case studies, we illustrate how pressures exerted by multiple political actors resulted in weakening or rescinding military tobacco control policy initiatives. Our findings suggest that lowering military smoking rates will require health policymakers to better anticipate and counter political opponents. The findings also suggest that effective tobacco control policies may require strong, explicit implementation instructions and high-level Department of Defense support. Finally, policy designers should also consider ways to reduce or eliminate existing perverse incentives to increase tobacco consumption, such as allowing exchange store tobacco sales to fund Morale, Recreation, and Welfare Programs.

INTRODUCTION

On April 29, 2007, *Stars and Stripes* reported that the Air Force would ban tobacco products, becoming tobacco-free by 2010.¹ On May 6, Air Force officials recanted, stating that while such a program was possible, it was “not imminent.”² Why the Air Force retreated from the plan is unknown, but the episode follows an established pattern of advance and retreat in military tobacco control efforts.

Under Department of Defense (DoD) Health Promotion policy Directive 1010.10 initiated in 1986,³ individual military services and commanders have had authority to implement their own tobacco control programs with the goal of lowering military smoking rates below civilian rates. The DoD today seeks to lower rates to a maximum of 12% by 2010.⁴ Certainly, nothing would lower smoking rates more effectively than simply banning tobacco use, and the Air Force has long had an interest in achieving a smoke-free force. Under the authority granted to individual services, the Air Force and the Navy have each implemented previous plans for a smoke-free force: in 1993, the Air Force set a smoke-free goal for 1998 and in 1992 the Navy set one for 2000.^{5,6} However, these goals have not been achieved.

Military smoking is an increasingly important issue because smoking impairs troop readiness and productivity, and increases medical and training costs.^{7,8} Additionally, tobacco use by junior enlisted members is related to reported financial strain and stress.⁹ Currently, the military smoking rate is well above civilian rates and may be rising, from 29.9% in 1998 to 33.8% in 2002.^{10,11} Service-specific smoking rates for 18- to 25-year-olds can be as high as 33% to

Ruth Malone owns one share of Altria, the parent company of Philip Morris USA, for research and advocacy purposes.

45%.^{12,13} Problematically, while the DoD orders the services to discourage tobacco use and promote cessation, it simultaneously sells its personnel tobacco products tax-free.¹⁴

This set of case studies based on internal tobacco company documents and other materials related to U.S. military tobacco control policy sought to explore reasons for the pattern of advance and retreat in U.S. military tobacco control. We describe four failed attempts by the U.S. military to implement strong tobacco control measures, showing how in all cases, various political actors effectively thwarted or weakened service-level tobacco control efforts. Our findings have implications for future tobacco control initiatives.

BACKGROUND

The tobacco industry has “unmatched economic and political lobbying” power in the United States.^{15,16} Its lobbying and campaign contributions influence both federal and state policymaking.^{17,18} The tobacco industry’s front groups pressure politicians,¹⁹ and the tobacco industry fosters relations with specialty groups such as unions that pressure policymakers to hinder or pass legislation favoring the tobacco industry’s positions.²⁰ Previously published research has also shown how the tobacco industry successfully exploited relationships among Congress, the DoD, and private industry to stop efforts to raise tobacco prices in military commissaries.¹⁴ Globally, the tobacco industry has coordinated efforts across multiple companies to thwart national and international public health initiatives.^{21,22}

METHODS

We analyzed internal tobacco industry documents made public through litigation and selected tobacco control policies obtained from the U.S. military.²³ We searched the Legacy Tobacco Documents Library (<http://legacy.library.ucsf.edu>) and Tobacco Documents Online (<http://tobaccodocuments.org>), using keywords (e.g., military, Army, DoD) and then employed a snowball strategy to generate additional search terms. We identified over 5,000 documents, narrowing them to 600 of the most relevant. Based upon preliminary findings, we requested additional documents from the military services via the Freedom of Information Act.²⁴ We searched for additional documents on the Lexis-Nexis database. We analyzed data by looking for evidence from multiple sources, identifying patterns across chronologically assembled cases.

This study has limitations. The document set is not comprehensive, but is a selection of litigation-related material. To date, there has been no litigation that concerns the tobacco industry and the military. Therefore, there may exist additional relevant documents that we were unable to access. Military documents were not readily available; many of those cited were retrieved from the archives of tobacco industry documents. Our study is not a comprehensive analysis of all military tobacco control measures: the cases described here are limited to those from 1986 to 1993 that were connected to the implementation of Directive 1010.10, a seminal event in military tobacco control efforts. It is possible that there exist cases that occurred beyond 1993, and that examples of successful initiatives at individual bases exist.

RESULTS

Directive 1010.10

In 1985, the DoD conducted a study on military smoking that revealed that smoking rates among military personnel were significantly higher than U.S. civilian smoking rates (47% of reported active duty personnel smoked versus 30% of the civilian population).⁸ Additionally, it concluded that smoking impaired military readiness, and estimated DoD tobacco-related annual health care costs as high as \$209.9 million.⁸ On March 10, 1986, Secretary of Defense

(1986–88) Caspar Weinberger announced “an intense anti-smoking campaign... at all levels of all Services.”²⁵ This was unprecedented for a U.S. federal institution.

Directive 1010.10 went further than mere educational programs, detailing restrictions concerning tobacco use. It specified where individuals could smoke on military installations and when smoking would be permitted. Smoking was prohibited in auditoriums, elevators, conference rooms, classrooms, hospital public areas, schools for military dependents, and official busses and vans.³ Smoking was still permitted inside buildings, but “only to the extent that it does not endanger life or property, or risk impairing nonsmokers’ health.”³

Directive 1010.10 also included provisions to educate personnel about the risks of smoking, to prevent personnel from taking up smoking, and to help personnel quit.³ The policy established that upon entry into the military, personnel would be “encouraged” to stop smoking or to refrain from smoking if they did not already smoke.³ During routine health examinations, practitioners were instructed to advise people of “the risks associated with [tobacco] use, the health benefits of abstinence, and of where to obtain help to quit.”³ Occupational health clinics were ordered to “consider the feasibility” of smoking cessation programs for civilian employees, or offer referrals to such programs.³

With Directive 1010.10, DoD set a baseline, not a ceiling, for military tobacco control policy. Each service was ordered to design and implement its own “comprehensive” health promotion plan that included, but was not limited to, the measures set out in the DoD policy.³ The directive, while establishing goals, left design and implementation of specific measures to service-level military officials. Authority for implementing Directive 1010.10 devolved to individual base or unit commanders within each service, who exercised considerable “street-level” discretion to initiate policy and programs.²⁶

On November 12, 1986, after all four services had announced their initial compliance plans, DoD health authorities further strengthened the directive, setting a goal of reducing the military smoking rate by at least 10% per year until it reached 25%, below the civilian rate of 30% at that time. Assistant Secretary of Defense–Health Affairs John Mayer issued a memo to the Assistant Secretaries of the Army, Navy/Marines, and Air Force asserting that “we must be more aggressive in eliminating this serious hazard to health and military readiness.”²⁷ Mayer ordered the Secretaries to revise their programs to reflect this new goal.

Although Directive 1010.10 was extended in 1994 by Directive 1010.15, which formalized prohibitions of smoking in indoor facilities, DoD tobacco control policy has changed little since 1986. In the 1994 policy, DoD prohibited smoking in workplaces but granted many exceptions, including ships, indoor smoking areas, housing, and Morale, Welfare, and Recreation (MWR) facilities.²⁸ DoD continues to delegate tobacco control policy design, implementation, and enforcement to service-level officials.

Case Study 1

The Army responded first to Directive 1010.10, issuing a detailed tobacco control plan in April 1986, to be implemented in full by July 7, 1986. The Army Tobacco Control Plan (ATCP) had three goals: “deglamorizing” smoking, implementing education and cessation programs, and lowering the smoking rate from 52% to 25% by 1990.^{29,30}

The ATCP included all the measures of Directive 1010.10, plus other innovations. It prohibited smoking in all military vehicles and aircraft, not just busses and vans, and it promised administrative punishment of personnel and civilian employees who did not comply.²⁹ It instituted periodic assessments of tobacco cessation and appointed tobacco cessation coordinators.²⁹ Finally, its focus on “deglamorization” was an innovation.²⁹

As soon as Directive 1010.10 and the ATCP were issued, the Tobacco Institute (TI)—the tobacco industry’s lobbying organization—and tobacco company Philip Morris (PM) initiated plans to obstruct them. The TI claimed that the ATCP went “well beyond” an education program, which it had assumed would be the limited effect of the directive.^{31,32} According to the TI, the ATCP was a “somewhat draconian” interpretation of the directive, and needed to be cut back, if not fully rescinded.³³

The TI assigned four staff members to the issue and hired independent consultants, including Jim Juliana (described as a “retired DoD insider”) and David Satterfield (a former Congressman and retired Navy officer).³⁴ A public relations firm was contracted to “gather signatures of military-oriented groups for [a] letter sent to Secretary Weinberger.”³⁴ Additionally, the TI arranged for position papers to be written arguing against the new policies, hoping to publish them in military journals.³⁴

Behind the scenes, the tobacco industry coordinated and motivated tobacco-friendly politicians to confront the DoD about the ATCP. PM officials visited various members of the House and Senate Armed Services Committees (HASC and SASC) and the Defense Appropriations Subcommittees and asked them to “call Secretary Weinberger’s office and Army Secretary John Marsh’s office to ask that the Army program be withdrawn” before it started.³⁵ TI President Samuel Chilcote urged tobacco industry executives to call Senator John Warner (Republican-Virginia) and Congressman Dan Daniel (Republican-Virginia), both members of the Armed Services Committees.³¹ Representative Daniel served as head of the HASC Morale, Welfare, and Recreation Panel and was TI’s “key contact” and “chief supporter on Capitol Hill.”³⁴

Tobacco-friendly politicians complied. In letters to Secretary of Defense Weinberger and HASC Chair Les Aspin (Democrat-Wisconsin), politicians used language similar to that of position papers TI had distributed to them, invoking rhetoric about infringements on “personal freedom” and “individuals’ right to smoke.”^{36–38} Daniel and Senator John East (Republican-North Carolina) circulated letters among Congress members, seeking up to 60 supporting signatures.^{39,40} Many signers were members of the HASC and SASC.⁴¹ North Carolina representatives wrote Secretary Weinberger, arguing that the policy would have a negative effect on military recruitment, retention, and morale and that it intimated that “no smokers need apply” to the military.³⁶

Ultimately, the Army backed down from fully implementing the ATCP. On July 2, 1986, 5 days before the ATCP was to take effect, Army Chief of Staff General John Wickham released a revised directive that cut the plan into two phases. Army Major Commanders would implement only phase I, limited to the regulations of Directive 1010.10. Phase II, which could “extend beyond baseline guidance of DoD Directive 1010.10,” would only be implemented if it was later deemed necessary.⁴²

The revised ATCP and the official public announcement about it also incorporated language suggesting that the Army recognized “smokers’ rights.”⁴³ General Wickham emphasized that Army Commanders would “ensure that the individual rights of all personnel, smokers and nonsmokers” were protected.⁴² Assessing the revised ATCP, a PM administrator noted that it had been “altered to be more favorable to the industry’s position.”⁴⁴

The TI chalked up the Army’s decision to “trim” the ATCP as a definite win.⁴⁵ The TI’s Chilcote saw it as “a major victory for the industry and the industry’s friends in Congress.”⁴⁵ PM officials regarded their efforts with tobacco-friendly politicians as pivotal, crediting Congressional pressure as being “instrumental in forcing the Army to make ... changes.”⁴⁴ PM USA President Frank Resnick noted to other PM executives: “the Warner visit paid off.”⁴⁵

Case Study 2

In March 1987, Air Force General and Commander of the Strategic Air Command (SAC) John T. Chain initiated a ban on smoking in all SAC-controlled buildings at Offutt Air Force Base. To “set an example,” Chain also announced that he and all SAC senior staff had stopped smoking.⁴⁶ As part of his efforts, Chain required SAC staff to submit a “Monthly Anti-Smoking Campaign Report,” counting smokers by rank in their sections, and reporting on cessation efforts.⁴⁷ Smokers would be identified not by name but by position symbol.

The tobacco industry became aware of Chain’s policies when a SAC officer wrote to Senator Jesse Helms (Republican–North Carolina), complaining that from the information included in the SAC monthly report, individual smokers could be easily identified.⁴⁸ He argued that Air Force members were willing to die “to preserve this great nation’s freedom, but if some of our fighters choose to smoke, they should be allowed that choice.... it’s one of the few rights they have left as a military member.”⁴⁸ The officer begged Helms to inform the “American Public of the dilemma faced by smokers in the Strategic Air Command.”⁴⁸

By late November 1987, the SAC officer’s letter reached PM executives, one of whom suggested that Helms release the letter to the public and demand an explanation from the DoD.⁴⁹ The executive noted that PM was “prepared, once the issue is public, to mobilize smokers throughout the country against the Armed Services committees on this issue.”⁴⁹ The tobacco industry rallied Congressional allies to protest. Representative Daniel confronted General Chain directly in letters also copied to Chain’s military superiors, including Secretary Weinberger, the Secretary of the Air Force, and the HASC chair.^{50,51} Daniel suggested that Chain’s policy went “beyond persuasion, to coercion.”⁵⁰ He pointedly reminded Chain (as well as the other copied officials) that “each year our Committee authorizes billions of dollars to protect freedom not only of our own people but around the world, yet your action will deny that same freedom to those who have volunteered to protect us all”⁵⁰

We could not locate Chain’s response to Daniel, but it apparently did not assuage Daniel, who wrote Chain a second time, asserting that Chain’s “use of such phrases as ‘to encourage,’ ‘to motivate,’ and ‘to lead,’ fly in the face of your fascist tactics.”⁵¹ Accusing Chain of “excessive nannyism,” Daniel “strongly” recommended “that you [Chain] bring your actions in harmony with the department policy of education as agreed to by the Secretary of Defense.”⁵¹

Helms also approached Chain’s superiors, complaining to Secretary of Defense Frank Carlucci (who succeeded Weinberger in 1987–89).⁵² Helms’s letter reproduced almost word for word Daniel’s first letter, arguing that SAC policy went “beyond the bounds dictated by Secretary Weinberger” and was “not motivating the men to quit smoking of their own accord, but rather coercing them”⁵² Helms asked Carlucci to do “something” about Chain’s policy.⁵²

Sometime between December 1987 and May 1988, Chain’s SAC policy was modified to accommodate the tobacco industry’s concerns. In late May 1988, Helms asked the Air Force about the policy’s status and the Chief of the Air Force Legislation Division assured him that “all Strategic Air Command members retain the freedom to choose whether or not to smoke.”⁵³ The practice of collecting the monthly reports “was not used to coerce or intimidate any individual” and it had been modified “to eliminate any possible concern that an individual might be identified ... ”.⁵³ Although the Air Force and General Chain did not entirely rescind the policy, it was revised after political pressures were applied.

Case Study 3

In September 1988, Major General James Wurman of New Jersey’s Fort Dix Army Base issued “Fort Dix Policy Memorandum 43,” banning tobacco use in all indoor areas and in military vehicles and aircraft.⁵⁴ Newly enlisted personnel were by this time prohibited from smoking

during basic training, and Wurman further prohibited all personnel inside the training areas from using tobacco products in trainees' presence.⁵⁴ He also prohibited those undergoing Advanced Individual Training from using, possessing, or distributing tobacco products.⁵⁴ Administrative action was promised against those who failed to comply.⁵⁴

The policy extended to civilian employees, whose smoking was to be permitted only on designated breaks outside. American Federal Government Employees Union representative Vincent L. Pesini protested. In an interview, Pesini implied that Wurman had set the policy "hoping for a third star," arguing: "The nonsmoker has rights but the smoker has rights, too. We are not in favor of a smoke-free atmosphere."⁵⁵

By October 7, the TI reported that following Congressional protest, the Pentagon had ordered Wurman to suspend his policy "indefinitely."^{55,56} Army Chief of Human Resources Colonel Walter Stowell wrote to HASC staff on October 13, assuring them that "all future considerations for change in tobacco use policy" would be coordinated with Army Headquarters and union representatives.⁵⁷

Despite these setbacks, the policy was still under negotiation between base officials and union leaders in December 1988.⁵⁵ Wurman told reporters: "A lot of our civilians aren't on my team yet."⁵⁵ Fort Dix spokesperson Richard Dowling noted that although Wurman could "issue a command" at any time, he was "continuing to negotiate with the civilian units in a spirit of cooperation," with the aim of "hav[ing] a smoke-free work force in 1989."⁵⁵ Once negotiated with the unions, the policy would be subject to review by the Department of the Army.

While we could locate no further evidence regarding the Fort Dix policy, the base did not institute a smoke-free policy. Fort Dix apparently has no site-specific tobacco control regulations at this time (K. M. Hoffman, personal communication). Instead, it follows 1996 Army health promotion regulations (under Army Regulation 600-63) issued to fulfill Directives 1010.10 and 1010.15.⁵⁸

Case Study 4

On October 3, 1990, the Army/Air Force Exchange Service (AAFES) announced, in Marketing Bulletin 90-127 (MB 90-127), a ban on all advertising and promotion of tobacco products with the exception of vendor-issued coupons in exchange stores. Directive 1010.10 had not included restrictions on the marketing of tobacco products in military exchange stores, only in commissaries.¹⁴ Nevertheless, AAFES officials claimed that they wanted to "support DoD's policy to deglamorize" tobacco use.⁵⁹

Alerted to MB 90-127 by DoD sources, TI counsel Juliana spearheaded industry efforts to rescind it.⁶⁰ Throughout 1991, representatives from RJ Reynolds, PM, the Liggett Group, Brown and Williamson, and the TI met to review strategies.^{61,62} Industry executives later met with AAFES officials at least twice and lobbied HASC and SASC members with jurisdiction over AAFES.⁶³

After one meeting, Juliana reported that AAFES Commander and Major General Jeffery D. Kahla and AAFES Deputy Commander of Operations Paul Fromm had indicated that they were tired of the "clutter" caused by promotional goods such as free lighters, playing cards, sports bags, etc., as well as "overzealous" tobacco company salesmen who approached store owners and customers.^{59,64} They claimed that the policy's goal was to "get the junk out of the stores."⁵⁹

Tobacco industry representatives warned AAFES representatives that the policy could result in losses of \$3 to 5 million yearly, largely in funds designated for military MWR programs

(two-thirds of AAFES earnings fund MWR programs).⁶⁴ They also contended that the policy would result in lost employment opportunities for military dependents and retirees, and loss of exchange customers to commissaries or other retail stores.^{62,64,65}

Kahla and Fromm reportedly admitted that DoD health programs were not “the principal driving force” behind their decision to limit tobacco promotions.⁶⁴ When faced with the industry’s projections of MB 90-127’s economic impact, they agreed to “reconsider the effective date” of implementation. They also agreed to cooperate with the tobacco industry so as to “meet patron demands, keep AAFES profitable, and continue industry’s participation in the military marketplace.”⁶⁴

AAFES also agreed to allow the industry to conduct tests on promotional activities and sales in 8 to 10 exchange stores,⁶⁴ to “capture sales data” for 4 months on sales, inventory, carton conversions, marketing information, etc.⁶³ AAFES agreed to delay implementing MB 90-127 until the economic impact of tobacco product promotions could be determined. Yet, even before testing was to begin, on April 26, AAFES rescinded MB 90-127.⁶⁶ Fromm’s memo indicated that AAFES would continue to allow tobacco companies to distribute free goods and use other types of promotions in exchanges. AAFES officials apparently assured the tobacco industry that they would not make a public announcement of its decision but would quietly advise the chair of the HASC MWR Committee.⁶⁷ At this point, TI counsel Juliana reassured companies that they could “continue to market their products” just as before.⁶⁸

DISCUSSION

Since 1985, the DoD has known that if it were to enforce nonsmoking regulations and stop selling tobacco products to its personnel and their dependents, it would positively affect the health of service members and their families, improve military readiness, and dramatically reduce immediate and future health care expenditures.⁸ However, DoD still sells discounted tobacco products, remains vulnerable to outside pressures, and allows perverse incentives to persist. These circumstances, given the political pressures, have hindered the military from reaching its goal. In 1988, the 42% smoking rate among military personnel still far exceeded that of the U.S. civilian population, despite DoD’s stated desire to decrease it to 25%.^{27,69} Today, this pattern persists and overall military smoking rates appear to be increasing.^{10,11}

These cases illustrate a pattern of advance and retreat, in which various actors with different interests have weakened service-level military tobacco control initiatives (Table I). The tobacco industry often had an unseen hand in influencing policy, motivating Congress members who held real power over the DoD to protest military policy. Yet other actors, such as lower level personnel and civilian union leaders, have also hindered military tobacco control efforts.

There are few incentives for service-level military personnel to implement innovative tobacco control measures. For example, AAFES officials’ job is to sell products and collect revenue for MWR programs. They are not rewarded for reducing consumption, and may even be punished for attempting to do so.¹⁴ Furthermore, when faced with controversy and pressure, the DoD has not supported innovations.

It is clear that the DoD and individual military services and commanders have made genuine and repeated efforts to lower military smoking rates through incremental measures. However, they have been thwarted repeatedly. This study suggests that they must become more sophisticated and determined in anticipating, exposing publicly, and countering political pressures aimed at scaling back effective policies. Identifying political champions in Congress and policy entrepreneurs within the military is essential. Furthermore, the larger public health community should help to create public awareness of the way in which our country’s military

is damaged by tobacco use and manipulated by the tobacco industry and its allies, building a constituency in support of strong tobacco control measures.

Given the documented effects of tobacco use on troop readiness, health care and training costs, productivity, and financial strain among troops, banning smoking within the military would be both militarily and fiscally prudent. Given a reasonable transition period within which smoking cessation resources were made available for current users and cultural norm changes initiated, such a policy could also be the most simple and practical solution. Military personnel are, after all, bound to follow rules set by superiors. Upon enlistment, personnel formally relinquish many aspects of personal privacy that would be protected or at least assumed in most civilian workplaces.⁷⁰ They are subject to routine and compulsory medical testing, evaluation, and vaccination, and to formal punishment for committing adultery, an act not considered a crime for civilians and not, in general, affecting troop health costs and readiness. They can also be discharged from service for exceeding set weight limits.

Nevertheless, personnel are still permitted to use cigarettes, products that when used as intended addict and kill. Due to heavy lobbying and political influence, the tobacco industry's mythology that military personnel have a "right" to smoke has superseded soldiers' rights to belong to a cohesive, healthy unit and the U.S. public's right to be protected by a prepared and healthy military. However, this mythology need not continue. Recent research shows that military personnel see themselves as role models for others; thus a smoke-free military could be a point of pride and cohesion.⁷¹

Advocacy groups that address tobacco use in the military such as Project Uniform, a state-funded California-based advocacy group, do exist. Partnerships between military health promoters and public health advocacy groups should be fostered and expanded to include funders who could help identify replacements for the MWR resources generated by tobacco sales. It is ironic that as troops fight military enemies in other countries, those who would maintain a healthy military workforce must also fight government and tobacco industry enemies in their own country. This public health battle requires many more committed allies.

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References

1. Harris, K. Air Force tobacco bans are gaining steam. *Stars and Stripes*. Apr 29 2007 [accessed March 5, 2008]. Available at <http://www.stripes.com/article.asp?section=104&article=53015&archive=true>
2. Harris, K. Air Force says tobacco ban is still under review. *Stars and Stripes*. May 6 2007 [accessed March 5, 2008]. Available at <http://www.stripes.com/article.asp?section=104&article=53213&archive=true>
3. Taft, WH. Health Promotion. Directive 1010.10. 1986 [accessed October 23, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/des52e00>
4. U.S. Department of Health and Human Services. *Understanding and Improving Health and Objectives for Improving Health*. Vol. 2. Vol. 2. Washington, DC: U.S. Government Printing Office; Nov. 2000. *Healthy People 2010*.
5. Sutterer, WH. Tobacco-Free Air Force by 1998. 1993 [accessed December 6, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/kuc85e00>
6. O'Rourke, R. Department of the Navy Violations of Department of Defense Directive 1010.10. 1993 [accessed November 17, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/ouc85e00>
7. Heyler A, Brehm W, Perino L. Economic consequences of tobacco use for the Department of Defense 1995. *Milit Med* 1998;163:317–21.

8. Department of Defense. Report on smoking and health in the military. 1986 [accessed December 8, 2007.]. Available at <http://legacy.library.ucsf.edu/tid/ikp35d00>
9. Pyle SA, Haddock CK, Walker SCP, Bray RM, Williams J. Tobacco use and perceived financial strain among junior enlisted in the U.S. military in 2002. *Prev Med* 2007;45:460–3. [PubMed: 17604829]
10. Bray, R.; Hourari, L.; Rae, K., et al. Department of Defense Survey of Health Related Behaviors among Military Personnel. Research Triangle Park, NC: RTI International; 2002 Oct. Report No. RTI/7841/006-FR2003
11. Joseph AM, Mugh M, Pearson KC, Lando H. The cigarette manufacturers' efforts to promote tobacco to the U.S. military. *Milit Med* 2005;170:874–80.
12. Bray, RM.; Kroutil, LA.; Wheelless, SC., et al. Department of Defense Survey of Health Related Behaviors among Military Personnel. Research Triangle Park, NC: Research Triangle Institute; 1995 Dec. Report No. RTI/6019/06-FR
13. Conway TL. Tobacco use and the United States military: a longstanding problem. *Tob Control* 1998;7:219–21. [PubMed: 9825407]
14. Smith EA, Blackman VS, Malone RE. Death at a discount: how the tobacco industry thwarted tobacco control policies in U.S. military commissaries. *Tob Control* 2007;16:38–46. [PubMed: 17297072]
15. Davis RM, Wakefield M, Amos A, Gupta PC. The hitchhiker's guide to tobacco control: a global assessment of harms, remedies, and controversies. *Annu Rev Public Health* 2007;28:171–94. [PubMed: 17367285]
16. Brandt, AM. *The Cigarette Century: The Rise, Fall, and Deadly Persistence of the Product That Defined America*. New York, NY: Basic Books; 2007.
17. Glantz S, Begay M. Tobacco industry campaign contributions are affecting tobacco control policymaking in California. *JAMA* 1994;272:1176–82. [PubMed: 7933347]
18. Luke DA, Krauss M. Where there's smoke there's money: tobacco industry campaign contributions and U.S. Congressional voting. *Am J Prev Med* 2004;27:363–72. [PubMed: 15556735]
19. Apollonio DE, Bero LA. The creation of industry front groups: the tobacco industry and “get government off our back”. *Am J Public Health* 2007;97:419–27. [PubMed: 17267719]
20. Balbach E, Herzberg A, Barbeau E. Political coalitions and working women: how the tobacco industry built a relationship with the Coalition of Labor Union Women. *J Epidemiol Community Health* 2006;60(suppl 2):27–31. [PubMed: 17708008]
21. McDaniel PA, Intinarelli G, Malone RE. Tobacco industry issues management organizations: creating a global corporate network to undermine public health. *Global Health* 2008;4:2. [PubMed: 18201375]
22. Zeltner, T.; Kessler, DA.; Martiny, A.; Randerla, F. Tobacco company strategies to undermine tobacco control activities at the World Health Organization. 2000 [accessed May 8, 2008.]. Available at http://www.who.int/tobacco/resources/publications/general/who_inquiry/en/
23. Malone RE, Balbach ED. Tobacco industry documents: treasure trove or quagmire? *Tob Control* 2000;9:334–8. [PubMed: 10982579]
24. Office of the President. U.S. Freedom of Information Act. 5 U.S.C. §552. Washington, DC: U.S. Government; 1966.
25. Weinberger, C. [Letter to Mark O. Hatfield]. 1986 [accessed December 13, 2006]. Available at <http://legacy.library.ucsf.edu/tid/ase16e00>
26. Elmore RF. Backward mapping: implementation research and policy decisions. *Polit Sci Q* 1979–80;94:601–16.
27. Mayer, W. Department of Defense smoking reduction program goals. 1986 [accessed October 31, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/y1s52e00>
28. Department of Defense. Instruction 1010.15. Washington, DC: Department of Defense; Mar 7. 1994 Smoke-Free DoD Workplace.
29. Marsh, JO., Jr; Wickham, JA, Jr. U.S. Army tobacco cessation program. 1986 [accessed October 24, 2006]. Available at <http://legacy.library.ucsf.edu/tid/jmg54c00>
30. Executive Summary. 1986 [accessed November 2, 2007.]. Available at <http://legacy.library.ucsf.edu/tid/xhz62e00>
31. Chilcote, S. Waxman hearings/Army smoking regulations. 1986 [accessed October 17, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/qai21e00>

32. Millman, A. Review of DoD cigarette sales and pricing issue. 1986 [accessed October 17, 2006]. Available at <http://legacy.library.ucsf.edu/tid/egv82e00>
33. Anise, R. Military smoking restrictions. 1988 [accessed October 31, 2007.]. Available at <http://legacy.library.ucsf.edu/tid/dlx05e00>
34. Tobacco Institute action plan. 1986 [accessed October 18, 2006.]. NAAvailable at <http://legacy.library.ucsf.edu/tid/bzw66e00>
35. Linehan, KM. Department of Defense smoking regulations. 1986 [accessed November 1, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/ces52e00>
36. Broyhill, JT.; Cobey, WJ.; Coble, H., et al. Department of Defense Directive 1010.10 and “Tobacco Cessation Program”. 1986 [accessed October 17, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/qls52e00>
37. Discussion paper: Tobacco Cessation Program. U.S. Army; 1986 [accessed December 22, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/wkg35e00>
38. Discussion paper: Tobacco Cessation Program. U.S. Army; 1986 [accessed December 22, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/zrd40c00>
39. Bliley, J.; Byron, B.; Chappell, W.; Daniel, D. [Letter to Caspar Weinberger]. 1986 [accessed April 24, 2007.]. Available at <http://legacy.library.ucsf.edu/tid/pai21e00>
40. East, JP. [Letter to Caspar Weinberger]. 1986 [accessed November 1, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/aes52e00>
41. Chilcote, S. Army smoking policy. 1986 [accessed October 26, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/qlx77c00>
42. Wickham, J. Controlled smoking policy. 1986 [accessed October 17, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/oxt50e00>
43. Smith EA, Malone RE. “We will speak as the smoker”: the tobacco industry’s smokers’ rights groups. *Eur J Public Health* 2006;17:306–13. [PubMed: 17065174]
44. Linehan, K. Army smoking regulations. 1986 [accessed October 26, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/gpm14e00>
45. Chilcote, S. Army regulations. 1986 [accessed December 7, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/cwm14e00>
46. Chain, JT, Jr. Smoking in the workplace. 1987 [accessed November 2, 2006]. Available at <http://legacy.library.ucsf.edu/tid/liz62e00>
47. Anderson, E. SAC Antismoking Campaign Report. 1987 [accessed November 13, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/nls52e00>
48. Anonymous. [Letter to Senator Jesse Helms]. 1987 [accessed November 13, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/dgr85e00>
49. Smith, GL. Letter from Senator Jesse Helms. 1987 [accessed November 13, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/cgr85e00>
50. Daniel, D. Letter to General John Chain. 1987 [accessed January 7, 2007.]. Available at http://tobaccodocuments.org/nysa_ti_m2/TI03291976.html
51. Daniel, D. Letter to General John T. Chain. 1987 [accessed January 10, 2007.]. Available at http://tobaccodocuments.org/nysa_ti_s1/TI12241649.html
52. Helms, J. Letter to The Honorable Frank Carlucci. 1987 [accessed December 7, 2007.]. Available at http://tobaccodocuments.org/nysa_ti_s1/TI12241678.html
53. Moran, FS. [Letter to Jesse Helms]. 1988 [accessed February 5, 2007.]. Available at <http://legacy.library.ucsf.edu/tid/qet32f00>
54. Wurman, JW. Fort Dix Policy Memorandum 43: USATC, Fort Dix and NYAC Smoking Policy. 1988 [accessed October 25, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/gye87c00>
55. Reinhard, E. Army base splits on smoking ban. *NY Times*. Dec 18 1988 [accessed December 7, 2007.]. Available at <http://query.nytimes.com/gst/fullpage.html?res=940DE4D9173AF93BA25751C1A96E948260>
56. Tobacco Institute. Executive summary at the federal level. 1988 [accessed October 25, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/sgh03f00>

57. Stowell, WO. Fort Dix smoking policy. 1988 [accessed October 17, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/cls52f00>
58. U.S. Army. Regulation 600-63. Washington, DC: U.S. Army; Apr. 1996 Army Health Promotion.
59. Juliana, J. Merchandising tobacco products in Army and Air Force Exchanges. 1990 [accessed December 5, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/pmy50e00>
60. Simeononidis, N. AAFES inquiry. 1991 [accessed July 31, 2007.]. Available at <http://legacy.library.ucsf.edu/tid/a iw60e00>
61. Juliana, J. AAFES, merchandising tobacco products. 1991 [accessed October 18, 2007.]. Available at <http://legacy.library.ucsf.edu/tid/nmy50e00>
62. Tobacco Institute. Comments relating to Army Air Force Exchange Service Marketing Bulletin 90-127 dated October 4, 1990. 1991 [accessed December 5, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/arx44a00>
63. Juliana, J. Merchandising tobacco products in Army and Air Force Exchanges. 1991 [accessed December 5, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/crx44a00>
64. Juliana, J. Merchandising tobacco products in Army and Air Force Exchanges (AAFES). 1991 [accessed December 5, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/odt52e00>
65. Lefkovits, MP. Update on AAFES policy on tobacco products. 1991 [accessed November 16, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/kcf13d00>
66. Fromm, PE. Marketing bulletin worldwide. 1987 [accessed November 13, 2007.]. Available at <http://legacy.library.ucsf.edu/tid/zqx44a00>
67. Morris, Philip. Weekly report executive summary. 1991 [accessed March 5, 2008.]. Available at <http://legacy.library.ucsf.edu/tid/wcb49a00>
68. Juliana, J. Merchandising tobacco products in Army and Air Force exchanges. 1991 [accessed December 5, 2006.]. Available at <http://legacy.library.ucsf.edu/tid/drx44a00>
69. U.S. Department of Health and Human Services. Healthy People 2000: National Health Promotion and Disease Prevention Objectives: Full Report. Washington, DC: U.S. Government Printing Office; 2004.
70. Russ AJ, Ames GM. Policy and prevention as competing imperatives in U.S. Navy life and medicine. *Cult Health Sex* 2006;8:1–15. [PubMed: 16500821]
71. Hoffman KM, Haddock CK, Poston WS, Taylor JE, Lando HA, Shelton S. A formative examination of messages which discourage tobacco use among junior enlisted members of the United States Military. *Nicotine Tob Res* 2008;10:653–61. [PubMed: 18418788]

TABLE I

Selected Military Tobacco Control Initiatives, 1986–1993

Policy	Issued	Modified	Tobacco Institute	Tobacco Companies	Opposition to Policy		
					Congress	Military Personnel	Civilian Union
ATCP	April 1986	July 1986	✓	✓	✓		
<i>Policy:</i> D1010.10 plus further restrictions on smoking and punishment for violations. <i>Action:</i> Cut back to minimum DoD requirements. Included references to “right to smoke.” Full policy never implemented.							
Air Force SAC Unit	October 1987	October 1988	✓	✓	✓	✓	
<i>Policy:</i> SAC tobacco-free by April 1988. Smoking prevalence to be tracked by position. <i>Action:</i> Tracking data modified to “protect” smoker identities.							
Army–Fort Dix Policy Memo 43	September 1988	October 1988			✓		✓
<i>Policy:</i> Ban all use of tobacco products indoors and in military vehicles and aircraft. <i>Action:</i> Rescinded entirely.							
AAFES Policy MB 90-127	October 1990	April 1991		✓	✓		✓
<i>Policy:</i> Eliminate most tobacco promotions in exchanges. <i>Action:</i> Rescinded entirely before implementation.							